North Carolina State Board of Elections



P.O. Box 27255 · Raleigh, NC 27611 · Phone: (866) 522-4723 · Fax: (919) 715-0135

NVRA AGENCY VOTER REGISTRATION PROGRAM

VR SUPPLIES REQUEST FORM

TO:	State Board of El	ections	DATE:		
		Cetions	DATE.		
FROM	: Contact Name				
AGEN	CY: Agency Name			Check if y	ou are the dinator?
	Physical Address		Mailing Address		
	City/State/Zip		City/State/Zip		
	Phone		Email		
	To ensure that yo	ur order is filled co	l rrectly please comple	te all field	S.
	Each box contains 1000	(10 packs of 100),	but you may request	as few as r	needed.
М	DESCRIPTION			QUANTITY	
E					REQUESTE
	Public Assistance Agencies (D	OSS, WIC, etc)			
·	Disability Services (Vocational Rehab, Services for	Blind, Services for Dea	f & Hard of Hearing, etc.)		
}	Employment Security Commi	ission			
j	Mail-In				
,	In-Person/Voter Registration Drives				
3	Libraries/High Schools/Colleg	ges			
)	Spanish Language Forms				
			TC	OTAL	
					Office Use Only
	You may fax or email your order: Order No.				•
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elections.sboe@ncsbe.gov

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